REPORT
For the
NEBRASKA HOMELESS ASSISTANCE PROGRAM

Report period (Circle one): July, Aug., Sept.　　Oct., Nov., Dec.　　Due on the 15th of the following month.　　(Example: January report due February 15th)　　Check one: _____ Homeless　　_____ Near Homeless

Jan., Feb., Mar.
Apr., May, June

Agency Name:		Person completing report:	
NHAP Grant # or HSATF Grant # :		Phone # and E-mail Address:	

I. Monthly Count of Total Number Assisted	i. # of Households	ii. # of Men	iii. # of Women	iv. # of Children	v. Total Individuals (ii. + iii. + iv. = v.)
A. Total number assisted:					=
1. Number receiving emergency shelter:					=
2. Number receiving transitional housing:					=
3. Number receiving services only:					=

II. Number of individuals assisted by race and ethnicity. [IDIS CO4ME07]	Mthly. Total # Race	Mthly. Total # Hispanic	YTD Unduplicated by Race	YTD Unduplicated by Hispanic
White				
Black/African American				
Asian				
American Indian/Alaskan Native				
Native Hawaiian/Other Pacific Islander				
American Indian/Alaskan Native & White				
Asian & White				
Black/African American & White				
American Indian/Alaskan Native & Black African American				
Other Multi-Racial				
TOTAL (must equal Item A.v.)				

III. NUMBER OF PERSONS [IDIS C04ME02] **YEAR-END ONLY**	
PERSONS RECEIVING RESIDENTIAL SERVICES	**Number**
a. Average number of Adults served DAILY	
b. Average number of Children served DAILY	
c. Average number of Individuals served **YEARLY**	
PERSONS RECEIVING NON-RESIDENTIAL SERVICES	**Number**
d. Average number of Individuals served DAILY with non-residential services (support services)	

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IV. TYPE OF PROJECT/SERVICE PROVIDED:
Number of People Served in Each Category.
[IDIS C04ME01]

#	TYPE OF PROJECT/SERVICE	Year End
	Emergency shelter facility	
	Vouchers for shelters/emerg. lodging	
	Drop-in Center	
	Food pantry	
	Mental health	
	Alcohol/drug treatment	
	Child care	
	Transitional Housing	
	Outreach	
	Soup Kitchen/Meal Distribution	
	Health care	
	HIV/AIDS services	
	Employment	
	Homeless Prevention	
	Other> Specify	

V. NUMBER HOUSED BY TYPE OF RESIDENTIAL SERVICE
Enter number of individuals for each type.

SHELTER TYPE [IDIS CO4ME05]	NUMBER OF PERSONS HOUSED	Undup. YTD
Barracks		
Group/Large House		
Scattered site apartment		
Single family detached house		
Single room occupancy		
Mobile home/trailer		
Hotel/Motel		
Other> Specify:		
TOTAL Monthly totals must equal I.A.1.v. + I.A.2.v., Section I.,page 1.		

VI. POPULATION SERVED
Enter a % for all populations served.
[IDIS CO4ME04]

POPULATION SERVED on an average day	Mthly. #	YTD duplicated for char.	Year-end %
Battered spouse/Domestic abuse victims			
Runaway/throwaway youth			
Chronically mentally ill			
Developmentally disabled			
HIV/AIDS			
Alcohol dependent individuals			
Drug dependent individuals			
Elderly (62 and older)			
Veterans			
Physically disabled			
Migrant workers			
Other> Specify:			

VII. ESTIMATED PERCENTAGE OF POPULATIONS SERVED BY THE PROGRAM
Enter a # and a % for all types of households served. Items a.-g. must total to 100%.
[Total number of individuals in Table VII must equal the total number of individuals served in Table II.]

POPULATION SERVED on an average day [IDIS C04ME03]		# of Males - Mthly.	# of Males-YTD	% of Males-YTD	# of Females-mthly.	# of Females YTD	% of Females YTD
I. Single Person Households *Without Children*							
a. Single adults (18 and over / no children)							
b. Single youth (under 18 / no children)							
Totals							
II. Single-Parent Households *With Children*	# of Families - Mthly.	Total # of Served Mthly.	# of Families YTD	Total in Family Served YTD	% of Total Persons Served YTD		
c. Single adult (18 and over) headed households w/child(ren)							
d. Single youth (under 18) headed households w/child(ren)							
Totals							
III. Two-Parent Households *With Children*	# of Families - Mthly.	Total Served Mthly.	# of Families YTD	Total in Family Served YTD	% of Total Persons Served YTD		
e. Two adults (18 and over) headed households w/child(ren)							
f. Two youth (under 18) headed households w/ child(ren)							
g. **Two Person Households *Without Children***							
h. **Other family structure households**							
Totals							

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VIII. <u>NUMBER</u> OF HOUSEHOLDS:
MAIN REASON FOR SEEKING ASSISTANCE

	Could not locate affordable housing
	Rent increased and could not afford to pay
	Evicted for non-payment of rent
	Evicted (other than non-payment of rent)
	Mortgage foreclosure
	Utilities shut-off
	Lost job
	Lost benefits
	Fleeing domestic abuse
	Friction (non-abusive)
	Leaving unsafe neighborhood
	Condemnation of previous housing
	Previous housing unsafe or unhealthy
	Overcrowding
	Chemical dependency problems
	Mental health problems
	Leaving correctional facility
	Leaving State Hospital
	Leaving VA Medical Center
	Physical illness
	Legal restraining order
	Asked or told to leave home
	Disaster (fire, flood, etc)
	Relocating to area for new job
	Relocating to area to be near family / friends
	Stranded in area
	Migrant work ended
	Other> specify:
	TOTAL

IX. <u>NUMBER</u> OF HOUSEHOLDS:
SERVICES PROVIDED

	Outreach
	Advocacy
	Case Management
	Emergency overnight lodging (motel voucher)
	Overnight shelter (facility)
	Transitional housing
	Rent eviction prevention
	Mortgage foreclosure prevention
	Utility disconnect prevention
	Rental subsidy > Number of days, wks., or mths. _____
	Relocation assistance
	Transportation assistance
	Deposit assistance (housing)
	Utility assistance (deposit/hookup)
	Employment assistance
	Education assistance
	Housing search assistance
	Child care
	Substance abuse treatment
	Mental health care
	Other health services
	Life skills (other than case management)
	Rental application fee assistance
	Other> Specify:
	TOTAL

X. <u>NUMBER</u> OF HOUSEHOLDS:
REASON FOR LEAVING

	Moved into independent housing
	Satisfactorily completed program
	Reconciled with significant other
	Fleeing abuse: relocated for safety
	Stayed as long as policy allows
	Voluntary departure
	Dissatisfied with program
	Asked to leave: destruction of property
	Asked to leave: violence
	Asked to leave: drug/alcohol use
	Asked to leave: other criminal activity
	Asked to leave: non-cooperation
	Non-payment of rent
	Job opportunity outside of program area
	Inappropriate for program
	Barriers too severe for program to help
	Death
	Trans Housing Program closed/moved
	Unknown - household just left
	Other> Specify:
	TOTAL

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Report Instructions
For the *NHAP GRANT PROGRAM (ESGP & HSATF)*

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This report is for the Nebraska Homeless Assistance Program only. Only report data activity funded by the Department of Housing and Urban Development's (HUD) Emergency Shelter Grant Program and/or the Nebraska Homeless Shelter Assistance Trust Fund.

<mark>**Note: Any column highlighted in yellow only needs to be completed at the end of the grant year.**</mark>

Fill in the Report Period, agency name, NHAP Grant number (see Grant number on contract), and contact name and phone/e-mail of the person completing the report. Complete Items I.-X. using the instructions below.

I.   <u>**Total number of households assisted:**</u> List the total number of <u>households</u> (A.i.) and total number of <u>individuals</u> (A.v.) by men (A.ii.), women (A.iii.) and children (A.iv.) assisted during the report period. This is **unduplicated** for the month only.
  1. List the total number of <u>households</u> and total number of <u>individuals</u> by men, women and children who received *emergency shelter*.
  2. List the total number of <u>households</u> and total number of <u>individuals</u> by men, women and children who received *transitional housing*.
  3. List the total number of <u>households</u> and total number of <u>individuals</u> by men, women and children who received *supportive services only*.

II.   <u>**Number of individuals assisted by race and ethnicity:**</u> Based on the number of <u>individuals</u> served (Item A.v. Total Individuals), report the number of <u>individuals</u> served by race and ethnicity. Note: Ask whether a person is "Hispanic or Latino" or "Not Hispanic or Latino" before asking the race question. **SEE SEPARATE INSTRUCTION SHEET BEFORE COMPLETING SECTION II. The total number if YTD unduplicated by race in Table II must equal the YTD unduplicated in households in Table VII.**

III.   <mark><u>**Number of individuals served by the program: YEAR-END ONLY**</u></mark>

    <mark>This statistic needs to be reported at the end of your grant year only.</mark> The only way to compute this number is to make a daily tally of adults and children served with residential services and non-residential services and divide by the total number of days at the end of the grant cycle. If your agency does not operate 365 days of the year, divide by the number of days the agency is open.

    Residential Services (Overnight accommodations)
    a.   List the average number of <u>adults</u> served *daily*.
    b.   List the average number of <u>children</u> served *daily*.
    c.   List the average number of <u>individuals</u> served *yearly*.

    Non-Residential Services (Support Services Only)
    a.   On an average *day*, list the number of <u>individuals</u> served.

IV.   <u>**Type of project/service:**</u> Enter the number of individuals served in each category all during the report period. <mark>At the end of the year, put a check mark by all the types of services provided through the grant year.</mark>

V.   <u>**Number housed by type of residential service:**</u> List the number of <u>individuals</u> that were housed in each type of shelter. Total number of individuals should equal items A.1.v. + A.2.v. for the month. Also include the unduplicated year-to-date figure. The unduplicated year-to-date figure will equal the year-to-date unduplicated by race figure in Section II.

VI. **Population served:** Enter the characteristics of the individuals served for the month. An individual may have multiple characteristics; tally all that apply. ==At the end of the year, total by category the monthly characteristics (eg. Battered spouse for Jan., Feb., Mar. . . .). Then divide yearly total of each characteristic by the year-to-date unduplicated count as shown in Section II, Unduplicated YTD Race numbers. Section VI. will total over 100 percent.==

VII. **Estimated percentage of population served by the program:** Enter the number of each category served for the report period. ==Year-end reports require percentages of categories a., b., c., d., e., f., and g. The estimated percentages (a. -g.) must total to 100%.==

Single Person Households without Children
a. List the number of single male and single female adults (18 and over) without children.
b. List the number of single male and single female youth (under 18) without children.

Single-Parent Households with Children
c. List the number of single-parent adult (18 and over) families (**households**) with children headed by a male adult and by a female adult. List the total number of people **(individuals)** in the household
d. List the number of single-parent youth (under 18) families **(households)** with children headed by a male youth and by a female youth. List the total number of people **(individuals)** in the household.

Two-Parent Households with Children
e. List the number of two-parent adult (18 and over) families **(households)** with children. List the total number of persons served **(individuals).**
f. List the number of two-parent youth (under 18) families **(households)** with children. List the total number of persons served **(individuals).**

Two Person Households without Children
g. List the number of two-person households without children. List the total number of persons served **(individuals).**

Other Household Structure
h. List other family structure households that do not fit any of the above criteria. Provide the number of households and the total number of people in the household(s).

For each category of family status, the year-to-date figure is to be an unduplicated count. ==At the end of the year, calculate the percent to total each family type represents.==

VIII. **Number of households- Main reason for seeking assistance:** List the number of households seeking assistance by each reason. Select the reason that best describes each household's reason for seeking assistance. Total the number of households.

IX. **Number of households- Services provided:** List the number of households receiving each type of service. Total the number of households.

X. **Number of households- Reason for leaving:** List the number of households leaving the program by each category. Select the reason that best describes the household's reason for leaving. Total the number of households.